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SUBJECT: PLANNING FOR NEW REFUGEES IN CHAD; NGO CAPACITY
AND SERVICE GAPS

REF: EMAIL NDJAMENA REFUGEE COORDINATOR WEEKLY
ACTIVITY REPORT 4-3-09

11. (U) Much of the information in this cable was previously
transmitted to Department offices by RefEmail.

NGO PLANS FOR POSSIBLE DARFURI INFLUX

12. (U) Ndjamena-based Regional Refugee Coordinator (RefCoord)
met with International Rescue Committee (IRC) and
International Medical Corps (IMC) staff April 2 on their
contingency plans to scale up operations in eastern Chad in
the event of a large influx of refugees from Darfur. IRC
Emergency Response Coordinator Elinor Raikes told RefCoord
that the organization judged it likely that some Darfuri IDPs
would cross the border into Chad in the coming months, but it
was impossible to specify how many. IRC headquarters sent
Raikes to Chad to analyze the organization's existing systems
and capacity to scale up its response. Raikes agreed with
other NGOs' recent assessments that the logistical challenge
of bringing supplies to eastern Chad would constitute the
greatest constraint on rapid response capacity. She said IRC
would be able to increase staff capacity using emergency
response team members who are capable of deploying within 48
hours. However, it would be difficult to increase stocks in
the East without significant prior planning. Raikes asked
about the possibility of specific USG funding to NGOs
preparing to provide emergency assistance.

13. (U) IMC Country Director Dayan Woldemichael said his
organization had already requested additional shipments of
medical supplies in preparation for a potential refugee
influx from Sudan this year. IMC says it can cope with a
possible increase of 50,000 refugees for three to four months
using essential drugs already stocked in the East and a
donation-in-kind shipment of medicines from AmeriCares. This
shipment of anti-malarials, anti-infectives, and surgical
supplies is already in country and in the process of being
cleared through customs. In addition, one UNICEF health
emergency kit and two WHO basic kits are stocked in-country.
These kits generally contain medical supplies and equipment
sufficient to treat 10,000 people for a three month period.
According to Woldemichael, IMC medical staff and mobile teams
could reasonably handle an additional 40,000 refugees spread
over the four camps where they work, however they would need
to recruit additional volunteer community health workers.
The PRM-funded IMC-run hospital in Guereda currently provides
referral services, including surgical services, to
approximately 200,000 refugee and host population
beneficiaries. In the event of a significant influx to the
area, the hospital would require additional doctors and
nurses.

THE IMPACT OF RECENT CENTRAL AFRICAN REFUGEES

14. (U) RefCoord met with United Nations High Commissioner for Refugees (UNHCR) Deputy Representative Emmanuel Gignac March 30 who reported another inflow of Central African refugees into the southeastern corner of Chad. Approximately 2,500 refugees arrived within the last week and settled in a new site near Koanie. These new arrivals bring the total of recent Central African refugees to about 14,000 individuals spread over six sites in three different locations. UNHCR is concerned that unless food assistance is provided by humanitarians operating in northern C.A.R., the displaced will continue to cross the border into Chad. NGOs active in the Vakaga region of C.A.R. like Solidarite and IMC report that recent fighting between rebels and government forces has left displaced villagers unable to access their farms. The unpredictable security environment has also made it impossible for humanitarian agencies to operate effectively in the region. Continued food insecurity is likely to force more of the displaced to seek food assistance where it is available, across the border in Chad. UNHCR will continue to maintain a presence in southeastern Chad in the areas of Doha, Massembagne and now Koanie until the rainy season makes it impossible to continue delivering assistance. This recent influx of Central African refugees has had an impact in terms of human resources and budget, but UNHCR believes it will not diminish its ability to respond to a possible influx of Darfuri in the East. UNICEF, UNFPA, and several NGOs are also providing aid to the new Central African refugee population.

FILLING HEALTH GAPS IN THE EAST

15. (U) RefCoord met with UNHCR and European Commission Humanitarian Affairs Office (ECHO) colleagues March 31 to discuss options for continued health services in Iriba and surrounding refugee camps following the scheduled departure of Medecins Sans Frontiers (MSF) Luxembourg in June. The question of who will take over the four health centers and one hospital in the Iriba area has been a concern for donors since MSF-L announced its impending departure earlier this year. The choice of new implementing partners will likely come down to a choice between IMC and the Comite d'Aide Medical (CAM) a French NGO not yet established in Chad. Based on discussion with other key donors like ECHO, there is a preference for funding CAM because doing so would introduce a new partner into the health sector. The sector has become increasingly dominated by those few international NGOs capable of taking over MSF operations as MSF gradually diminishes its presence in Chad. RefCoord, UNHCR and ECHO representatives met with the CAM evaluation team currently in country and agreed on a general outline of respective funding capacities. The fact that MSF-L will leave behind well equipped facilities should make it less costly for whichever new organization eventually takes over in Iriba.

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